

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

01/29/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6	1					
7						
8						
9	1					
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15						
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17	1					
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19	1					
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	24	←	←	←		
TOTAL CLAIMS	30	██████	██████	██████		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS		██████	██████	██████	██████	